2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004
Secretary of State

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Entity Name: INFANTIS SANUM FOUNDATION, INC.

Current Principal Place of Business:

18331 PINES BLVD
SUITE 223
PEMBROKE PINES, FL 33029

New Principal Place of Business:

18331 PINES BLVD
SUITE 223
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

18331 PINES BLVD
SUITE 223
PEMBROKE PINES, FL 33029

New Mailing Address:

18331 PINES BLVD
SUITE 223
PEMBROKE PINES, FL 33029 US

FEI Number: 26-0063003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUEVAS & RUBIN, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CESAR MARTINEZ
18331 PINES BLVD
SUITE 223
PEMBROKE PINES, FL 33029 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CESAR MARTINEZ 06/07/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: GARCIA OLANO, WILLIAM
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: DT ( ) Delete
Name: MORA MORA, OLGA LUCIA
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: DV ( ) Delete
Name: DIAZ, HILDEBRANO
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: GARCIA OLANO, WILLIAM
Address: 18331 PINES BLVD.SUITE 223
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: DT (X) Change ( ) Addition
Name: MORA MORA, OLGA LUCIA
Address: 18331 PINES BLVD.SUITE 223
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: DV (X) Change ( ) Addition
Name: DIAZ, HILDEBRANO
Address: 18331 PINES BLVD.SUITE 223
City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM GARCIA OLANO MR 06/07/2004
Electronic Signature of Signing Officer or Director Date